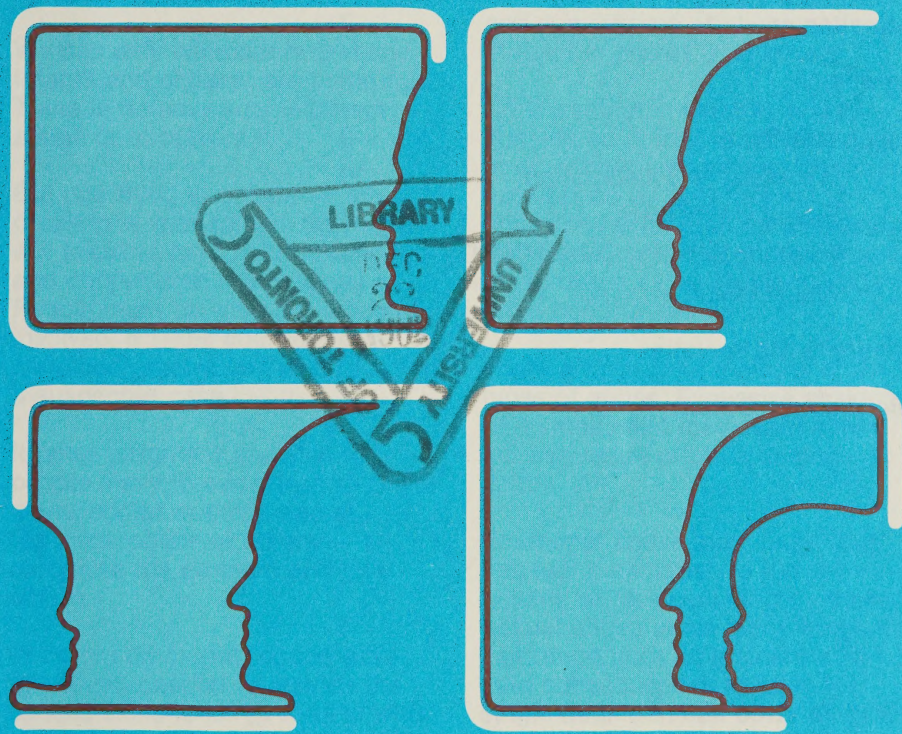


CA 2 ON
SM
-Z 252

You and the Abused Child

An introduction to a problem of growing concern in Ontario



Ministry of
Community and
Social Services

March 1981



Contents

Introduction	1
What is Child Abuse?	1
Sexual Abuse	3
Emotional Abuse	4
Number of Cases	4
Abusers and The Abused	5
Causes of Abuse	5
Abusers Can Be Treated	6
Detection	7
Prevention	8
Responsibility	9
Professional Collaboration	10
Front-Line Workers	11
What the Ordinary Citizen Can Do	12
What Ontario Is Doing	13
Children's Aid Societies	14
Ministry Area Offices	17

Introduction

This booklet is addressed to everyone in Ontario who cares about children. It is about child abuse which often results in children who are hurt physically or emotionally, sexually assaulted, and sometimes killed.

The people who inflict this abuse may do so out of anger, hate, frustration, ignorance or in the name of discipline.

We can only estimate how many infants and children are being hurt. There is no easy way to detect abuse or to prevent it.

But one thing is certain — the problem is widespread. Solving it will take increased understanding and cooperation from everyone. People must be willing to become involved. It takes courage for a neighbor, relative or friend to report a suspected case.

It takes judgment and skill for people likely to see cases — physicians, social workers, nurses, teachers, police or others — to recognize the problem and take action.

In every community, cooperative teams are needed to provide the special skills required to deal with child abuse. These teams must be adequately prepared through exposure to the most up-to-date information, and training courses, and materials available if they are to present an effective force to combat child abuse.

What Is Child Abuse?

Child abuse is a new term for an old problem. Maltreatment or neglect of children has existed since the dawn of civilization. Society is increasingly sensitive to the care and well-being of children, and has expressed a desire to intervene more actively through enforcement of revised laws, training of professionals and treatment of abusers.

Child abuse is a complex problem and some forms of abuse are more difficult to detect than others.

Child neglect in Ontario is also considered abuse. Whether physical or emotional, neglect usually differs from abuse by being an act of omission rather than commission. But abuse and neglect are components of the same problem, and often occur together.

There are infinite variations in the types of abuse. Excessive shaking of a small child may seem minor, but can result in brain damage, or death.

Emotional abuse may range from habitual humiliation to the withholding of life-sustaining mothering. Sexual abuse takes many forms. It can range from an incident with mild consequences to rape. No single definition can cover all types of abuse.

Children are at the mercy of adults, particularly their parents or guardians. While there are laws that offer some protection, they are not well known. To be effective, these laws must be understood and supported by the community.

In 1893, the Ontario government passed an Act for the Prevention of Cruelty to and Better Protection of Children. It provided for the establishment of children's aid societies throughout the province.

Today there are 50 societies throughout the province. They are empowered by The Child Welfare Act to take action to help children in need of protection. These agencies represent the first line of defence in dealing with child abuse.

The Child Welfare Act requires that, "Every person who has information of the abandonment, desertion, or need for protection of a child, or the infliction of abuse upon a child shall forthwith report the information to a society". In 1978, amendments to the act emphasized the responsibility of reporting for those who suspect abuse "in the course of the person's professional or official duties".

The law also says that "notwithstanding that the information reported is confidential or privileged. . . " no action for making the report shall be instituted against the informant "unless the giving of the information is done maliciously or without reasonable grounds." [S.O. 1978. c.85. s.49]

Today, reporting a suspected case of abuse to a children's aid society may be the first step in helping a child. Doctors, teachers, nurses and other professionals may also be involved in attempting to alleviate a high-risk situation.

When a case is reported to a children's aid society, the action often starts a process that involves several community agencies.

The goal is to help the family solve the problem, and, if possible, to keep the child at home. However, there are times when children may have to be taken from their families temporarily or on a permanent basis.

But if the parents can be helped to deal constructively with the problems that led to the abuse, it is better if a child can stay at home.

Sexual Abuse

It seems to be more difficult for many people to come to terms with the existence of sexual abuse than physical abuse.

There is little research available on sexual abuse, but contrary to popular belief, most sexual abuse seems to be committed by parents or friends of the family rather than strangers. It is often the result of an adult seeking sexual gratification or affection, and not always based on hostility alone. The evidence suggests that incest occurs more often than we would like to know.

Children are not always damaged by such relationships and they do not always want to leave home. However, the potential for psychological damage is enormous.

Most known victims are girls around the age of puberty and frequently the offender is the victim's natural father, or the spouse or boyfriend of her mother.

Mothers may be aware of such relationships and may fail to discourage them. A father may engage in sexual acts with more than one daughter over a period of years.

Some girls continue the relationship to 'save' a younger sister.

The reaction to disclosure of sexual abuse is often more damaging to the child than the act itself. Expressions of horror, incredulity or blame leave scars on a child that the incestuous relationship itself would not necessarily cause.

Legal proceedings may make matters worse. The child, like the adult victims of rape, may be endlessly examined and interrogated, in private and in public. She may be blamed, punished and humiliated.

Treatment methods are generally primitive since the existence of this form of abuse is rarely admitted and often concealed.

It is imperative that we develop more skillful methods of investigation.

Emotional Abuse

Most parents, teachers and baby-sitters would never think of using physical force to discipline a child, but some fail to realize that their tongues can inflict serious damage. If a child hears, "You're no good," often enough, chances are that the child will come to believe it and act accordingly.

Mothering is essential to the emotional as well as physical development of an infant. Holding, cuddling and warm verbal communication are components of this process. Some researchers see the withholding of these essentials as a strong indication of the possibility of future abuse.

This early mothering process, often referred to as 'bonding', is deemed a necessity for normal growth. The implications for prevention of child abuse are obvious, and it is vital that mothering be continued throughout childhood. Lack of nurturing in early years is damaging, and if it is compounded by verbal abuse, the child can suffer greatly. There is no way of measuring the incidence of such abuse. Almost everyone is guilty of it at one time or another.

Over indulgence and permissiveness can also be forms of emotional abuse, but are rarely labelled as such.

Number of Cases

The number of cases of abuse which occur annually in Ontario is unknown. A Child Abuse Registry was established in 1966 by the Ministry of Community and Social Services to receive and compile reports of abuse from children's aid societies. The number of cases reported by the societies increased from 407 in 1970 to 769 in 1975. In 1978, there were some 1,700 reports. These increases do not necessarily reflect an increase in the incidence of abuse; they may, in fact, indicate increased understanding of abuse and, thus, a greater willingness to report suspected cases of abuse.

Deaths officially attributed to child abuse by the Chief Coroner of Ontario now average about one each month. It is evident that the cases reported to date are only those readily identified — the obvious ones.

Abusers and the Abused

Child abuse is not confined to families whose members are economically deprived, educationally disadvantaged, mentally ill, or drug or alcohol-addicted. That may sometimes appear to be so, because abused children from these groups come more readily to the attention of the authorities.

Research studies in general reveal that in some three-quarters of the known cases, the child's parents are the abusers. The remainder are substitute parents, brothers and sisters, relatives or temporary guardians.

A child of any age, including a growing number of adolescents, may be the object of physical, emotional or sexual assault, although cases involving infants are the ones most often detected. For children under 13, there seems to be little difference between abuse involving girls or boys. Over the age of 13, there are more cases involving girls.

There is evidence to suggest that certain children are more vulnerable than others. For different reasons, in different situations, one child may have characteristics that make him or her more likely to be a victim of abuse than another child in the same family.

Causes of Abuse

The reasons for abuse are infinitely varied, but there are some patterns and some situations in which abuse is more apparent than in others.

Abuse often results when stress is brought to the breaking point by intolerable pressures, alcohol or drugs. Sometimes abuse is inflicted in the belief that it is for the good of the child.

It may arise out of cultural conflict or as a repetition of the abuser's own childhood experience. Some parents do not know alternatives to the use of physical punishment for disciplining their children. Others do not know what behavior is appropriate at various ages and may harshly punish a child for not meeting their own unrealistic expectations.

Though their actions appall many people, child abusers are people with serious problems who need help. Experts in the field believe that at least three-quarters of them can be helped.

Many researchers believe that violence against children is allowed to continue because society generally is tolerant of violence. There is also a widely held belief that the way parents treat their children is nobody else's business, though few people in theory accept that view to the point of condoning child abuse.

Abusers Can be Treated

Child abusers can be helped only when the reasons for the abuse are determined. The immediate goal is to end the abuse. This is not accomplished easily or quickly.

Sometimes removing a child or children from a home temporarily or permanently is the only practical solution, but there are other possibilities that have been used successfully.

Abuse often results from ignorance, frustration or isolation. Education in child development and how to cope with discipline problems can help.

Family support from homemakers, foster-grandparents, baby-sitters, friendly visitors, lay therapists and counselling, the provision of extra financial assistance, even installation of a telephone, may be helpful in some cases.

Much of this treatment should be supplied only as part of a clearly developed treatment plan and under the supervision of an experienced worker. But caring friends and neighbors are often able to help.

For people who acknowledge that they are abusive and want to do something about it, group therapy such as that offered by Parents Anonymous may be helpful. Such support and acceptance, and the awareness that there are others who cannot always cope positively with children, have helped many parents to solve their own problems.

When a child is removed temporarily from a home, the interim custodians may be able to help both parents and children and eventually reunite the family. In some cases, when the parents do not respond to help, the best solution is the permanent removal of the child from the home. All such decisions are made by Family Court judges under the authority of **The Child Welfare Act**.

Detection

Extreme cases of child abuse are easy to identify. Unfortunately, identification of severe abuse often comes too late to help a child who has been severely injured or killed. These cases, however, represent only a small proportion of the total.

Abused children can be protected only if the family is helped. It is tragic that in many cases, even though abuse has been diagnosed, help is either not offered to the family, or is not accepted.

It does not take a specialist to recognize or suspect most forms of abuse. Friends, neighbors, public health nurses, teachers, doctors, police, social workers, clergy, school bus drivers, recreation workers, probation officers and building superintendents are among those who come in contact with abuse frequently. Sometimes even the child will talk about the abuse.

Everyone has seen a child on a bus or in a store being cruelly slapped, pulled or verbally attacked. Such incidents evoke our anger, but rarely our intervention or, better still an offer to help. Next time you see a mother who has just slapped her child for no good reason, why not offer some help. Perhaps you could say, "I know you must be tired; can I hold your child for you while you go through the checkout counter?"

Some parents are aware of what they are doing. Some seek help, but the majority do not. Children who have been severely abused may not

be readily identified. Their injuries may be covered by clothing or their parents may tell convincing stories of accidents. The abused child may give a rehearsed explanation.

Careful physical examination helps a doctor to determine whether a child's injury concurs with the parents' explanation. X-rays may show a history of fractures in various stages of healing.

People who abuse children often deny responsibility, and medical evidence may be needed if recurrence of abuse is to be prevented or if the case goes to court.

Some kinds of abuse are difficult to detect. For example, a serious delay in normal growth and development is, in many instances, the result of physical handicaps. However, in some cases it may be the result of deprivation or neglect.

A child's behaviour or appearance may indicate abuse. Some abused infants exhibit what is described as 'frozen watchfulness'. School-age children may be withdrawn, too eager to please, inappropriately aggressive, manipulative, demanding of attention or food. They may be dressed in torn or filthy clothing, undernourished or overtired.

These signs might be evidence of other problems, but the watchful adult should at least consider the possibility of abuse, even if the idea is abhorrent and the parents are known to be 'nice' people.

Prevention

Preventing abuse begins when people recognize its existence and are willing to get involved in reporting suspected cases.

One important preventive measure is the education of parents in the basics of parenting and child development.

Educators are being encouraged to examine the possibility of presenting courses in parenting, child development and human relations in general at an early stage in schools.

Professionals who are likely to see abuse, or receive reports on suspected cases, have a major responsibility.

Failure to act can mean that a child may be killed, irreparably damaged or forced to endure suffering that will affect his or her entire life.

Some battered children will grow up to batter their own children, because it is the only form of child rearing they know.

Preliminary studies suggest that many of society's violent criminals were seriously abused, neglected or deprived as children.

We must ensure that doctors, nurses, teachers, social workers and other professionals are aware of abuse. Some have difficulty taking that first step. Others find it hard to deal with their own hostility towards the alleged abuser.

For others, the biggest problem is working with the abusers or with other professionals. Only a real commitment to the protection of children will overcome these reactions.

Concerned professionals must also be knowledgeable and skilled. They must be able to accept hostility, resentment and frequent failure. Each profession will have its own dilemmas. Private practitioners may not be accustomed to sharing responsibility with other professionals and may not have faith in them.

Social workers, trained to be non-judgmental, may hesitate to exercise their authority as officers of the children's aid society. Teachers, with several children of one family in their schools, may fear that reporting suspected abuse of one of them may put other brothers or sisters in jeopardy.

It is difficult to prevent abuse when society feels that parents have unrestricted rights to discipline their children.

Fortunately, in recent years there has been increasing public concern. Pre-natal, post-natal and early childhood education programs are signs of changing attitudes. As more courses become available and the knowledge gained from them is applied by parents, these programs may help to reduce the incidence of abuse.

Responsibility

Support services that offer relief and instruction can also help. An isolated single mother with two or three young children to care for 24 hours a day, seven days a week, cannot function efficiently when a child becomes ill or upset and she is deprived of sleep and relaxation. As stress and fatigue take their toll, she may lash out at the child. The availability of community resources and support becomes vital.

The problem of child abuse is everyone's responsibility, but it especially concerns people whose work brings them into frequent contact with children. The 1978 changes to **The Child Welfare Act** underline the responsibility for those who in the course of their professional or official duties have cause to suspect child abuse, to report their suspicions to a children's aid society. Failure to do so may result in a fine of up to \$1,000.

The law has placed a specific mandate in the hands of the children's aid societies (CAS's), and their workers have the authority and the responsibility to take immediate action. If need be, they can remove a child immediately to a place of safety.

This allows them, for example, to step in if a doctor cannot get parental consent for the admission of a child to the hospital.

All children's aid societies have emergency service 24 hours a day, seven days a week, so you can call anytime. In isolated areas where it is sometimes difficult to contact the CAS itself quickly, arrangements are made by the society for people such as police to act in crisis situations. Never hesitate to contact your local children's aid society, if you think a child is being abused.

Professional Collaboration

No matter how well staffed a CAS may be or how skilled its workers, a society needs the consistent cooperation, support and encouragement from professionals and the community in general.

Too often the CAS is seen as an authority whose main purpose is the removal of children from their homes. And then again, there are times when neighbors, teachers or nurses feel that a child must be taken from a family and are disappointed or angered if the CAS doesn't do this.

For the CAS, each case is different. If possible, child abuse workers try to keep families together and to resolve the problems leading to the abuse.

Professionally trained people who work with children and families bring different essential skills and perspectives to the problem. Coping with child abuse requires various technical skills and the knowledge of all these professionals and their whole-hearted willingness to trust each other and work together.

A team approach can ensure that each case will be reviewed by a group of knowledgeable people and that the best human resources will be allocated to it.

Generally there are two types of local multi-professional efforts functioning in Ontario. The formal child abuse team tends to deal with specific cases. Such a team is often based in a hospital; less often in a CAS. Such a team is usually concerned with detection, diagnosis, assessment and treatment. Some of these teams have developed specific goals and procedures, provide successful treatment and intervention, and maintain effective communications or continuing procedures. Others experience difficulties at different stages of their activities.

Front-Line Workers

Another type of joint effort that is currently used in a number of Ontario communities is a community group or council which undertakes planning and coordinating on a broad community wide scale. One purpose of such community groups may be to establish smaller teams or assist functioning groups or teams to deal with specific cases. Other goals include resource development, public and professional education, and resolution of problems affecting inter-agency cooperation. The use of the word 'team' as described above is applicable to many of the organized activities now taking place throughout Ontario and elsewhere.

The police officer is frequently the first professional to suspect child abuse, particularly in the more dramatic cases.

Police investigations can be beneficial to CAS workers. Close contact between the CAS and the police is essential. The public health nurse can play a key role too. The public health nurse sees children in school and is accepted in most homes as a helpful professional.

The day care worker and the teacher are often essential in either reporting suspected abuse to the public health nurse or for substantiation of abuse. Like the doctor or community social welfare worker, their cooperation is a key factor in early detection, treatment or prevention.

Hospital nurses and doctors, particularly in emergency departments, see many injured children. They are in a position to detect cases of abuse as opposed to a genuine accident.

It is important that administrators of agencies, schools, hospitals and day care centres support the efforts of their staff to combat child abuse. Some professionals fail to report abuse, imagining negative results, breach of confidentiality or uncertainty about adequate follow-up. These concerns may flow from inadequate training, conflicting beliefs, lack of trust, or fear of 'futile' involvement. Such reservations should never prevent action when a child may be in danger.

What the Ordinary Citizen Can Do

Many physicians diagnose and treat child abuse cases and work with community treatment teams. Their findings are often of crucial importance in protecting a child. A high premium is placed on the evidence of doctors when child abuse cases go to court.

Not everyone in the course of daily activities encounters physical or sexual abuse or sees the victims of severe neglect at first hand. Those who do, however, should remember that the law requires them to report suspicions of abuse and neglect. Anyone who reports suspected violence or neglect is guaranteed protection from civil liability “unless the giving of the information is done maliciously or without reasonable grounds to suspect the information is true.”

What Ontario Is Doing

In 1966, the province of Ontario established a central registry to record reports of abuse received from children's aid societies.

A committee on child abuse was formed within the Ministry of Community and Social Services to provide leadership and to encourage the development of resources throughout the province.

Through the efforts of the ministry's Child Abuse Program, encouragement and support are being given to the establishment of local planning committees to plan and oversee efforts towards the detection, treatment and prevention of child abuse.

Funds for research and demonstration projects are being provided through the Child Abuse Program which provides advice and support for groups and individuals to educate themselves and their communities. Public education and professional training programs are being developed across the province. Training materials, including a set of films and training manuals for professional education, have been distributed.

A growing number of individuals and groups are working in local agencies and communities across Ontario on programs designed to improve methods of prevention, detection, and treatment. Their initiatives are impressive, as is their willingness to share knowledge and skills.

Ideally, every community should have a child abuse committee. Fostering cooperation on all levels to combat child abuse is vital. It can be done by anyone with the will to do it.

For Further Information

For information about child abuse or how to seek help, contact your local Children's Aid Society or the closest area office of the ministry.

Children's Aid Societies

Algoma

65 Willow Avenue
Sault Ste. Marie, Ont.
P6B 5B1
(705) 949-0162

Brant

Box 774,
70 Chatham St. W.
Brantford, Ont.
N3T 5R7
(519) 753-8681

Bruce

Box 279, 208 Scott St.
Walkerton, Ont.
N0G 2V0
(519) 881-1822

Dufferin

Court House,
51 Zina St.
Orangeville, Ont.
L9W 1E5
(519) 941-1530

Durham

Box 321,
200 John St. W.
Oshawa, Ont.
L1H 7L3
(416) 723-5211

Elgin

27 Southwick St.
St. Thomas, Ont.
N5R 3R7
(519) 631-1492

Essex

690 Cataraqui St.
Windsor, Ont.
N9A 3P1
(519) 252-1171

Essex R.C.

Box 2306,
Walkerville P.O.
1700 Assumption St.
Windsor, Ont.
N8Y 4S2
(519) 256-3176

Frontenac

329 Johnson St.
Kingston, Ont.
K7L 1Y6
(613) 542-7351

Grey

Box 129,
715-3rd Ave. E.
Owen Sound, Ont.
N4K 5P1
(519) 376-7893

***Haldimand**

653 Broad St. W.
Dunnville, Ont.
N1A 1T8
(416) 774-7471

Halton

467 Speers Rd.
Oakville, Ont.
L6K 3S4
(416) 844-8211

Hamilton-Wentworth

143 Wentworth St. S.
Hamilton, Ont.
L8N 2Z1
(416) 522-1121

Hamilton-Wentworth

R.C.
627 Main St. E., Ste. 302
Hamilton, Ont.
L8M 1J5
(416) 525-2012

***Hastings**

Box 186,
311 Front St.
Belleville, Ont.
K8N 5A2
(613) 962-9291

Huron

46 Gloucester Terrace
Goderich, Ont.
N7A 1W7
(519) 524-7356

***Kapuskasing**

Box 188
20 Stewart St.
Kapuskasing, Ont.
P5N 2Y3
(705) 335-2301

Kawartha-Haliburton

570 Water St.
Peterborough, Ont.
K9H 3M8
(705) 743-9751

***Kenora**

R.R. #1, Ocean Ave.
Kenora, Ont.
P9N 3W7
(807) 468-5508

Kent

Box 157,
435 Grand Ave. W.
Chatham, Ont.
N7M 5K3
(519) 352-0440

Lambton

Box 41,
720 N. Christina St.
Sarnia, Ont.
N7T 7H8
(519) 337-3231

Lanark

33 Craig St.
Perth, Ont.
K7H 1X8
(613) 267-3140

***Leeds & Grenville**

Box 549, R.R. #1
Brockville, Ont.
K6V 5V7
(613) 342-0310

Lennox & Addington

41 Dundas St. W.
Napanee, Ont.
K7R 1Z5
(613) 354-4724

***London & Middlesex**

Box 848, Station B
164 Albert St.
London, Ont.
N6A 4Z5
(519) 434-8461

***Muskoka**

Box 1107,
62 Kimberley
Bracebridge, Ont.
POB 1C0
(705) 645-4426

***Niagara Region**

Box 516,
311 Geneva St.
St. Catharines, Ont.
L2R 6W5
(416) 937-7731

***Nipissing**

Box 1035,
240 Algonquin Ave.
North Bay, Ont.
P1B 4V9
(705) 472-0910

***Norfolk**

Box 601,
Regional
Administration Bldg.
Simcoe, Ont.
N3Y 4M1
(519) 426-4290

***Northumberland**

230 Walton St.
Port Hope, Ont.
L1A 1P2
(416) 885-8131

Ottawa

1370 Bank St.
Ottawa, Ont.
K1H 7Y3
(613) 733-0670

***Oxford**

92 Light St.,
Box 312
Woodstock, Ont.
N4S 7X6
(519) 539-6176

Parry Sound

76 Church St.
Parry Sound, Ont.
P2A 1Z1
(705) 746-5851

Peel

10 Peel Centre Dr.
Brampton, Ont.
L6T 4B9
(416) 791-5151

Perth

Box 278,
380 Hibernia St.
Stratford, Ont.
N5A 6T1
(519) 271-5290

Porcupine & District

54 Algonquin Blvd. E.
Timmins, Ont.
P4N 1A2
(705) 264-4257

Prescott & Russell

P.O. Box 248,
Plantagenet, Ont.
K0B 1L0
(613) 673-5148

Prince Edward

Box 1510,
6 Ross St.
Picton, Ont.
K0K 2T0
(613) 476-2765

Rainy River

1457 Idylwild Dr.
Box 234,
Fort Frances, Ont.
P9A 3M6

***Renfrew**

1219 Pembroke St. E.
Pembroke, Ont.
K8A 7R8
(613) 735-6866

Simcoe

County Administration
Centre
Midhurst, Ont.
L0L 1X0
(705) 726-6587

Ministry Area Offices

Northern Region

Sudbury
St. Andrew's Place
8th Floor
111 Larch St.
Sudbury, Ont.
P3E 4T5
(705) 675-4544

Thunder Bay
710 Victoria Ave.
Suite 301
Thunder Bay, Ont.
P7C 5P7
(807) 475-1345

Timmins
11 Elm Street N.
Ground Floor
Timmins, Ont.
P4N 6A3
(705) 267-7901

Stormont, Dundas & Glengarry

Box 994,
27 York St.
Cornwall, Ont.
K6H 5V1
(613) 933-2292

Sudbury-Manitoulin

1492 Paris St.
Sudbury, Ont.
P3E 3B8
(705) 522-8600

***Temiskaming**

Box 1084,
64 Government Rd. W.
Kirkland Lake, Ont.
P2N 3L1
(705) 567-9201

Thunder Bay

Box 2027, Station 'P'
309 South Court
Thunder Bay, Ont.
P7B 5E7
(807) 344-9124

Toronto

33 Charles St. E.
Toronto, Ont.
M4Y 1R9
(416) 924-4646

Toronto R.C.

26 Maitland St.
Toronto, Ont.
M4Y 1C6
(416) 925-6641

Waterloo

355 Charles St. E.
Kitchener, Ont.
N2G 2P8
(519) 576-0540

****Wellington**

Box 1088,
55 Delhi St.
Guelph, Ont.
N1H 6N3
(519) 824-2410

York

Box 358,
85 Eagle St. W.
Newmarket, Ont.
L3Y 4X7
(416) 895-2318

Jewish Family and Child Service of Metropolitan Toronto

3101 Bathurst St.,
6th floor.
Toronto, Ont.
M6A 2A6
(416) 781-1592

Ontario Association of Children's Aid Societies

2323 Yonge St.
Suite 505
Toronto, Ont.
M4P 2C9
(416) 481-5223

***Name is 'Family
and Children's
Services'**

****Name is Children's
Aid Society and
Family Counselling
Service**

Southwestern Region

Hamilton

499 King St. East
St. John's Place, 2nd Fl.
Hamilton, Ont.
L8N 1E1
(416) 525-6431

London

IBM Bldg., 5th Fl.
195 Dufferin Ave.
London, Ont.
N6A 1K7
(519) 438-8387

Central Region

Barrie

70 Collier St.
5th Floor
Barrie, Ont. L4M 4Z2
(705) 737-1311

Toronto

110 Eglinton Ave. W.
5th Floor
Toronto, Ont.
M4R 2C9
(416) 965-7863

Southeastern Region

Kingston

1055 Princess St.
Kingston, Ont.
K7L 5T3
(613) 549-6470

Peterborough

263 1/2 George St. N.
Peterborough, Ont.
K9J 3G6
(705) 743-1624

